

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.L.P.E. CLASSIFIER	<i>Dr</i>	<i>32</i>	<i>12/1</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ ..... Rejected      N ..... Non-elected  
☐ ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
☐ ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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